



IPhA Annual Conference September 26-29, 2024

Crowne Plaza Hotel | Springfield, IL

Exhibits open September 28, 2024!
REGISTRATION DEADLINE IS AUGUST 23, 2024

ORGANIZATION NAME

Receives space confirmation and preconference correspondence

Company Name: _____

Will be used on all communications and signage

Contact Name: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

BILLING INFORMATION

Please fill out IF DIFFERENT from above.

Contact Name: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

Email: _____

BOOTH REPRESENTATIVES

Please forward all information to these individuals.

Name _____ Email _____

Name _____ Email _____

COMPANIES FROM WHICH YOU DESIRE SEPARATION

Terms and conditions: The exhibitor listed above agrees that the Illinois Pharmacists Annual Conference is authorized to reserve exhibit space at the Crowne Plaza Hotel Springfield for use by the above company/organization during the Illinois Pharmacists Annual Conference on 09/26-29/2024 and acknowledges receipt of, and agrees to abide by, the conditions under which exhibit space at the Crowne Plaza Hotel Springfield is leased to the Illinois Pharmacists Annual Conference as printed in this prospectus. All requests are processed on a first come/first serve basis with receipt of paid registration.

Federal Tax ID: IPhA #: 36-1257350

EVENT SPONSORSHIP

- Gold Level 7,500.00
- Silver Level..... 5,000.00
- Bronze Level 2,500.00
- AM Product Theater (Fri)..... 6,000.00
- PM Product Theater (Fri)..... 6,000.00
- AM Product Theater (Sat)..... 6,000.00
- Conference Totes 3,500.00
- President's Gala Co-Sponsor..... 3,000.00
- Conference Refreshment Break..... 1,500.00
- Printed Lanyards/Badge Holders 1,200.00

IPhA FOUNDATION PHARM AUCTION

- Donation: _____
Approximate value of item \$ _____

JOIN US

- Additional Lunch Tickets
\$35.00/person X _____ (qty) = \$ _____
- Check here if you have special dietary needs that should be accommodated.
An IPhA Representative will contact you.

PROGRAM BOOKLET ADVERTISING

- Full Page 600.00
8.625"w x 11.25"h, with bleed
8.5"w x 5" h, trim
- Half Page..... 450.00
8.625"w x 5.625"h, with bleed
8.5"w x 5" h, trim
- Quarter Page..... 300.00
4.3125"w x 5.625"h, with bleed
4.25"w x 5" h, trim

All ads are non-commissionable.

METHOD OF PAYMENT

TOTAL DUE: \$ _____

- Check made payable to:
Illinois Pharmacists Association
- Please charge my:
 AmEx Discover MasterCard Visa

Acct #: _____

Expiration: _____ CVV: _____

Signature: _____

SEND TO/CONTACT US:

REGISTER ONLINE: www.ipha.org

FAX TO: (217) 522-7349

MAIL TO: Illinois Pharmacists Association
204 West Cook Street, Springfield, IL 62704

QUESTIONS: Call (217) 522-7300 or email
kimc@ipha.org